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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 055400006		CITY OR TOW	N HULL	
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
	E: MCDEVITT EN S A JO'S NAUTIC				
ADDRESS 125 MA					
CITY/TOWN: HU		STATE: MA	ZIP CODE:	02045	
	REA, T EPHANIE	YPE OF LICENSE: Ge	eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	MISES:			
AMENDED TO IN	ICLUDE OUTSIDE	E PATIO.			
 the rene the licer 	nsee has complied w	of the same type for the rith all laws of the Comfor business (If not expl	monwealth relating		
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004, sign	ed by the building	are in possession (1) the inspector and the heater of liquor liability instead	d of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 055400012	(CITY OR TOWN HULL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: C NOTE LLC			
DOING BUSINESS A THE C NOTE	3		
ADDRESS 159 NANTASKET AVE.			
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02045	
MANAGER: FRUZZETTI, CHARLES J.	ΓΥΡΕ OF LICENSE: Gene prem		: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	JIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
42X86 SINGLE STORY MASONR NO CELLAR, ONE FRONT ENTRA			R ROOM,
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the sa	ame premises now licensed;	
2. the licensee has complied v	with all laws of the Commo	onwealth relating to taxes; and	I
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY			
Individual, Par	tner or Authorized Corpora	ate Officer	
D. A. TITE			
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
		(Note: NOT marvidual Social	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head o	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMI	BER: 055400015		CITY OR TOWN	HULL
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSINE	ME: WILLIAM K. TR. ESS A NANTASKET AVE.	AP		
CITY/TOWN: I	HULL	STATE: MA	ZIP CODE:	02045
MANAGER:	TY	PE OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	SES:		
BLDG. WITH A	ET AVE. PREMISES TO KITCHEN, DINING R NCE AND ONE REAR	OOM, LOUNGE AR		
I hereby certify a	nd swear under penaltie	s of perjury that:		
1. the rea	newed license will be of	the same type for the	same premises now	licensed;
2. the lic	ensee has complied with	h all laws of the Com	monwealth relating t	to taxes; and
3. the pro	emises are now open for	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sig	gned by the building in	spector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:	<u>. </u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	apiaiii)			
DATE:				
APPLICATION FOR RE	ENEWAL MUST BE FILED BY I	LICENSEES DURING THE M	MONTH OF NOVEMBER (M	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400022	C	TY OR TOWN HU	LL
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: DADDY'S VENTUR	ES INC.		
DOING BUSINESS A DADDY'S DRY DO	OCK		
ADDRESS 280 NANTASKET AVE.			
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02	045
MANAGER: LEMKIN, JEFFREY TYPE	OF LICENSE: Restau	cart CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE		ADDRESS	
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the		ne premises now licer	nsed;
2. the licensee has complied with al	l laws of the Commor	wealth relating to tax	es; and
3. the premises are now open for bu	isiness (If not explain	below)	
SIGNED BY Individual, Partner or	Authorized Corporat	e Officer	
	Authorized Corporat	e Officer	
	r Authorized Corporat	e Officer	
		EMPLOYER IDEN	NTIFICATION NUMBER: al Social Security Number)
Individual, Partner or	NUMBER: a possession (1) the coector and the head of	EMPLOYER IDEN (Note: NOT Individual ertificate required by	Chapter 304 of the for the above
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent in the control of the certificate of lie.	NUMBER: n possession (1) the co ector and the head of quor liability insuran	EMPLOYER IDEN (Note: NOT Individual ertificate required by	The Chapter 304 of the for the above oter 116 of the Acts
Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license and (2) the certificate of license Check Below: APPROVED:	NUMBER: a possession (1) the coector and the head of quor liability insuran	EMPLOYER IDEN (Note: <u>NOT</u> Individual ertificate required by the fire department ace required by Chap	The Chapter 304 of the for the above oter 116 of the Acts
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED: DISAPPROVED:	NUMBER: a possession (1) the coector and the head of quor liability insuran	EMPLOYER IDEN (Note: NOT Individual ertificate required by the fire department nce required by Chap LOCAL LICENSING	The Chapter 304 of the for the above oter 116 of the Acts
Individual, Partner or DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license and (2) the certificate of license Check Below: APPROVED:	NUMBER: a possession (1) the coector and the head of quor liability insuran	EMPLOYER IDEN (Note: NOT Individual ertificate required by the fire department nce required by Chap LOCAL LICENSING	The Chapter 304 of the for the above oter 116 of the Acts
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below: APPROVED: DISAPPROVED:	NUMBER: a possession (1) the coector and the head of quor liability insuran	EMPLOYER IDEN (Note: NOT Individual ertificate required by the fire department nce required by Chap LOCAL LICENSING	The Chapter 304 of the for the above oter 116 of the Acts



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LICENSE NUMBER: 055	400024	•	CITY OR TOWN	HULL	
APPLICATION FOR REN	NEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: RIC	C RAY INC.				
DOING BUSINESS A SC	CHOONERS				
ADDRESS 157 NANTAS	SKET AVE.				
CITY/TOWN: HULL	STA	ATE: MA	ZIP CODE:	02045	
MANAGER: CHASE, RAYMON		ICENSE: Rest	aurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LICE					
STREET LEVEL DINING ENTRANCE AND ONE I		REA, ONE KI	TCHEN, NO CE	LLAR, ONE F	RONT
I hereby certify and swear	under penalties of perju	ry that:			
1. the renewed lic	ense will be of the same	type for the s	ame premises no	w licensed;	
2. the licensee has	s complied with all laws	of the Commo	onwealth relating	to taxes; and	
3. the premises ar	e now open for business	s (If not explai	n below)		
SIGNED BY					
Ind	ividual, Partner or Auth	orized Corpor	ate Officer		
DATE:	TELEPHONE NUM	BER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigned, atte Acts of 2004, signed by t named license and (2) th of 2010.	the building inspector a	and the head	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 055400031		CIT	Y OR TOW	N HULL	
APPLICATION FOR	R RENEWAL:	Annua	ıl	LICE	NSED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS	A SAPORITO'S FL		JB CAFE			
ADDRESS 11 ROCK			264	ZID CODE	02045	
CITY/TOWN: HUL		STATE:		ZIP CODE:	02045	
MANAGER:	TYI	PE OF LICENS	E:Restaura	ant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I	PLEASE ALSO VISIT OUR W		YOUR EMAIL A	DDRESS		
ONE STORY BLDG BASEMENT AND T	. SEATING ON FIR	ST FLOOR;K				
	ee has complied with ses are now open for	business (If no	t explain be	elow)	g to taxes; and	
DATE:	Individual, Partner	or Authorized E NUMBER:	Corporate		ER IDENTIFICAT	ION NUMBER:
	TEELTHON	LIVOWIDER.		(Note: NOT	Individual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and th	e head of t	he fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LG B <u>y</u> —		NSING AUTHO	ORITY
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0554000	036	CITY OR TOWN HULI	
APPLICATION FOR RENEW	'AL: Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: PORTA	BELLA BEVERAGE, INC		
DOING BUSINESS A WEST	CORNER LIQ		
ADDRESS 18 NANTASKET	AVE		
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 0204	5
MANAGER: HEBERT, ROI	BERT TYPE OF LICENSE:P	ackage Store CATEGO	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
ONE STORY STUCCO BLDO STORAGE. NO CELLAR. EN ADJACENT TO STORE			
SIGNED BY	w open for business (If not exp		
marviac	iai, I artifer of Authorized Corp	orac Officer	
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Please Check Below: APPROVED:		LOCAL LICENSING A	UTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS LICENSEE NAME: TIGER WIND DOING BUSINESS A NANTASKET LIQUORS	LICENSED FOR 2013 YEAR
LICENSEE NAME: TIGER WIND	YEAR
DOING BUSINESS A NANTASKET LIQUORS	
ADDRESS 379 NANTASKET AVE	
CITY/TOWN: HULL STATE: MA ZIP CO	ODE: 02045
MANAGER: WANG, HONG TYPE OF LICENSE: Package Store JIANG	CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY CINDER BLOCK BUILDING, CONSISTING OF ROOM ROOM. ONE FRONT ENTRANCE, ONE REAR ENTRANCE	FOR SALES AND STORAGE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premi	ses now licensed;
2. the licensee has complied with all laws of the Commonwealth re	elating to taxes; and
3. the premises are now open for business (If not explain below)	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	•
DATE	
TEELI HONE NOMBER.	MPLOYER IDENTIFICATION NUMBER: NOT Individual Social Security Number)
() ()	individual social security (valider)
Please Check Below: LOCAL 1	LICENSING AUTHORITY
Eoch E	
APPROVED: By:	
APPROVED: By: DISAPPROVED:	
APPROVED: By:	
APPROVED: By: DISAPPROVED:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400040	(CITY OR TOWN	HULL
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: THORNTON'S MARK	ET, INC.		
DOING BUSINESS A RIDDLE'S SUPERM	ART		
ADDRESS 505 NANTASKET AVE			
CITY/TOWN: HULL	STATE: MA	ZIP CODE:	02045
MANAGER: RIDDLE, TYPE C RAYMOND W.	OF LICENSE: Pack	tage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
SOLID BLOCK CONCRETE BUILDING WENTRANCE AND EXIT. ONE LARGE SAI			
2. the licensee has complied with all3. the premises are now open for bus		=	taxes; and
SIGNED BY Individual, Partner or A	Authorized Corpor	ate Officer	
DATE: TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0554	100045		CITY OR	TOWN	HULL	
APPLICATION FOR REN	IEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: BEV DOING BUSINESS A A	STREET DELI	ISH				
ADDRESS 675 NANTAS	KET AVE.					
CITY/TOWN: HULL		STATE: MA	ZIP C	CODE:	02045	
MANAGER:	TYPE	E OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE DESCRIPTION OF LICEI		SITE AND ENTER YOUR EM	MAIL ADDRESS	3		
675 NANTASKET AVE. (KITCHEN AND STORAC ONE REAR EXIT.	ONE STORY ST	TUCCO BUILDING				
2. the licensee has	complied with a	he same type for the all laws of the Commusiness (If not explain	nonwealth			
SIGNED BY Indi	vidual, Partner o	or Authorized Corpo	orate Office	er		
DATE:	TELEPHONE	NUMBER:				TON NUMBER:
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	ector and the head	l of the fir	e depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENS	SING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)55400049		CITY OR TO	JWN HULL	
APPLICATION FOR F	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	LIGHTHOUSI	E ENTERPRISES, IN	C.		
DOING BUSINESS A	A STREET L	LIQUORS			
ADDRESS 670 NANT	ASKET AVE	NUE			
CITY/TOWN: HULL		STATE: M	IA ZIP COI	DE: 02045	
MANAGER: BLAIR	, DAVID	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:				-	
PLI	EASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PRE	EMISES:			
ONE STORY CEMEN ROOM FRO STOCK, ENTRANCES AND T	SALES AND	STORAGE AREA IN			
I hereby certify and swe	ear under pena	lities of perjury that:			
• •	-	e of the same type for	the same premise	es now licensed;	
		with all laws of the Co	-		
	-	n for business (If not e		,	
SIGNED BY					
]	Individual, Par	rtner or Authorized Co	orporate Officer		
DATE:	TELEPH	IONE NUMBER:		LOYER IDENTIFICAT	
			(140te. <u>14</u>	OT Individual Social S	security Number)
Please Check Below:				CENSING AUTH	ORITY
APPROVED: DISAPPROVED:]		By:		
(If disapproved explain)				
TI F	,				
D.A.TEE			-		
DATE:			_		



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LICENSE NUMBER: 03	55400056		CITY	OR TOWN	1 HULL	
APPLICATION FOR R	ENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: L	ADALAT & CO	MPANY, INC				
DOING BUSINESS A	LADALAT					
ADDRESS 181 NANTA	ASKET AVE					
CITY/TOWN: HULL		STATE: N	1A ZI	P CODE:	02045	
MANAGER: NGUYE	N, VO TYI	PE OF LICENSE	:Restaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR W		UR EMAIL ADDI	RESS		
DESCRIPTION OF LIC						
ONE STORY BRICK B DININGROOM AND L				REA, KITC	CHEN,STOCE	K ROOM,
I hereby certify and swea	ar under penalties	s of perjury that:				
1. the renewed l	license will be of	the same type for	the same p	remises nov	w licensed;	
	nas complied with			Ŭ	to taxes; and	
3. the premises	are now open for	business (If not e	explain belo	w)		
SIGNED BY	ndividual, Partner	r or Authorized C	orporate Of	ficer		
	101,10001,10101	or radionized C	01001410 01			
DATE:	TEI EPHON	IE NUMBER:		EMPLOYE	ER IDENTIFICA	TION NUMBER:
	TELETHON	L NOMBER.	(1	Note: NOT I	ndividual Social	Security Number)
We the undersigned, a	ttagt that we are	in neggegien (1) the contifi	iooto mooni	nad by Chan	ton 204 of the
Acts of 2004, signed by						
named license and (2) of 2010.	the certificate of	i liquor liability	insurance r	equired by	y Chapter 11	6 of the Acts
Please Check Below:			LOC	ALLICEN	ISING AUTH	IORITY
APPROVED:			By:		ion vo rio rr	
DISAPPROVED:			•			
(If disapproved explain)						
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY L	ICENSEES DURING T	HE MONTH OF	NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUME	3EK: 055400060	C	IIY OR TOWN HULL	
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINE	IE: RED PARROT SS A	, INC.		
ADDRESS 1 HU	LL SHORE DRIVE			
CITY/TOWN: H	HULL	STATE: MA	ZIP CODE: 02045	
D	ROOK- 'ANGELO, EATRICE	ΓΥΡΕ OF LICENSE: Resta	urant CATEGORY	: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
DESCRIPTION (OF LICENSED PRE	MISES:		
DINING/LOUNG	GE AREA. DINING	ROOM. KITCHEN AND	N THE LOUNGE,ONE BAR OFFICE, AND STORAGE A ITCHEN, BAR, ABD DECJ.	AREA.
I hereby certify ar	nd swear under penal	ties of perjury that:		
1. the ren	newed license will be	of the same type for the sa	me premises now licensed;	
2. the lice	ensee has complied v	vith all laws of the Commo	nwealth relating to taxes; and	
3. the pre	emises are now open	for business (If not explain	below)	
SIGNED BY	Individual, Part	ner or Authorized Corpora	te Officer	
DATE				
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(110tc. 1101 Illulvidual Social	Security Number)
Acts of 2004, sig	ned by the building	inspector and the head o	ertificate required by Chap f the fire department for th nce required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	kplaın)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 055400067		CITY (OR TOWN	HULL	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAME:	NANTASKET RES	SORT , INC.				
DOING BUSINESS	A NANTASKET RI	ESORT AND S	PA			
ADDRESS 45 HUL	L SHORE DR					
CITY/TOWN: HU	LL	STATE:	MA ZIF	P CODE:	02045	
MANAGER: SLO N	MIAK,JACKSO TYF	PE OF LICENSI	E:Innholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		OUR EMAIL ADDR	ESS		
DESCRIPTION OF	LICENSED PREMIS	SES:				
1. the renew 2. the licens 3. the premi	swear under penalties yed license will be of see has complied with ises are now open for	the same type for all laws of the C	Commonweal	th relating t		
SIGNED BY	Individual, Partner	or Authorized (Corporate Off	icer		
DATE:	TELEPHON	E NUMBER:	(A)			TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the	head of the	fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCA By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400068		CITY OR TOWN	HULL	
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013	
	CLASS		YEA	AR
LICENSEE NAME: BRIDGEMAN ENTI	ERPRISES,INC			
DOING BUSINESS A BRIDGEMAN'S RI	ESTAURANT			
ADDRESS 145 NANTASKET AVE				
CITY/TOWN: HULL	STATE: MA	ZIP CODE:	02045	
MANAGER: LASPADA, TYPE JOSEPH G.	OF LICENSE: Res	taurant CA	TEGORY: All	Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	SS:			
2 STORY WOODEN STRUCTURE. 1ST I PATIO1,168 SQFT. INSIDE DINING ROO				
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of the	e same type for the	same premises now l	icensed;	
2. the licensee has complied with a	ll laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not expla	in below)		
SIGNED BY		O CC		
Individual, Partner of	r Authorized Corpo	rate Officer		
DATE				
DATE: TELEPHONE	NUMBER:		IDENTIFICATION I vidual Social Securit	
		(Note: <u>NOT</u> mur	viduai Sociai Securii	y (valide)
We the undersigned, attest that we are in Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.	ector and the head	of the fire departm	ent for the abov	ve
Please Check Below:		LOCAL LICENSI	NG AUTHORIT	ſΥ
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



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LICENSE NU	MBER: 055400070		CITY OR TOWN HUL	L
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: LMB RESTA	AURANT GROUP		
DOING BUSI	NESS A BAREFOO	T BOB'S		
ADDRESS 27	6 NANTASKET AV	E.		
CITY/TOWN:	: HULL	STATE: MA	ZIP CODE: 020	45
MANAGER:	CARA-DONNA, MARC	TYPE OF LICENSE:R	destaurant CATEG	ORY: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISTI N OF LICENSED PI	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
I hereby certify	y and swear under pe	nalties of perjury that:		
•	•		ne same premises now licens	ed;
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating to taxes	s; and
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual. F	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDEN	ΓΙΓΙCATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the he	the certificate required by ad of the fire department for surance required by Chapt	for the above
Please Check Bel			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 GISUPPIO VOI				
DATE				
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FIL <mark>i</mark>	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch	ı. 138 \$ 16A)



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LICENSE NUMBER: 0554000/1	C	ITY OR TOWN HULL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JOSEPH AGO DOING BUSINESS A BEACH FO		
ADDRESS		
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02045
MANAGER: AGOSTINO, JOSEPH	TYPE OF LICENSE: Restau	rant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS
DESCRIPTION OF LICENSED PR	EMISES:	
PIZZA AND GRILL RESTAURAN WITH DITCHEN AND OFFICE. N AVE. ONE REAR EXIT ON BAY S	O CELLAR. ONE ENTRAN	CONSISTS OF TWO OPEN ROOMS CE AND EXIT ON NANTASDET
SIGNED BY	n for business (If not explain	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below:]	LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED	1	Ву:
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 055400073		CITY OR TOWN HULL
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N	AME: STEPHEN I	R. CASSEVOY	
DOING BUSI	NESS A TOAST		
ADDRESS 12	1 NANTASKET AV	/E	
CITY/TOWN	: HULL	STATE: MA	ZIP CODE: 02045
MANAGER:	CASSEVOY, STEPHEN R.	TYPE OF LICENSE: Resi	taurant CATEGORY: Wine and Malt Regular
EMAIL ADDI	RESS:		
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
	N OF LICENSED P		
		E FRONT AND ONE BACK ICHEN AND DINING ROC	X ENTRANC SIDE DOOR ACCESS TO DM
	premises are now op	pen for business (If not expla	
DATE			
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Bel APPROVED: DISAPPROV (If disapprove	ED:		LOCAL LICENSING AUTHORITY By:
D. 1 575			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 055400074	(CITY OR TOWN HULL
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BEACH FIRE LLC		
DOING BUSINESS A BEACH FIRE		
ADDRESS 42A State Park Rd		
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02045
MANAGER: DeFRANCO JR., TYF LAWRENCE J.	PE OF LICENSE: Resta	nurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
2 story bldg consisting of 1st flr dining roo patio with bar, 2nd flr; dining room with b storage. Two entrances and two exits		· · · · · · · · · · · · · · · · · · ·
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	the same type for the sa	ame premises now licensed;
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open for	business (If not explain	n below)
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head o	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 055400077		CITY OR TOWN HULL	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: VIDHI CORP.			
DOING BUSI	NESS A LITTLE VILLA	GE STORE		
ADDRESS 169	9 NANTASKET AVENU	E		
CITY/TOWN:	HULL	STATE: MA	ZIP CODE: 02045	
MANAGER:	PATEL,RASHIKBH TY AI I.	PE OF LICENSE: Pac	ekage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	<u></u>
DESCRIPTION	N OF LICENSED PREMI	SES:		
			AVENUE,BACK ROOM HAS DOWS FACE PARK AVE. W	
I hereby certify	and swear under penalties	s of perjury that:		
• •	•		same premises now licensed;	
2. the	licensee has complied with	n all laws of the Comr	nonwealth relating to taxes; an	d
3. the	premises are now open for	business (If not expla	ain below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
Please Check Belo	ow:		LOCAL LICENSING AUT	HODITV
APPROVED:			By:	HORIT I
DISAPPROVE	ED:		,	
(If disapproved	l explain)			
DATE:			-	
DATE:				



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LICENSE NUMBER: 055400080	(CITY OR TOWN HULL	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: GUN ROCK I	HOUSE,INC		
DOING BUSINESS A THE GUN R	OCK HOUSE		
ADDRESS 175 ATLANTIC AVEN	UE		
CITY/TOWN: HULL	STATE: MA	ZIP CODE: 02045	
MANAGER: CONNORS, TRACEY M.	TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PRI	EMISES:		
BASEMENT AND FIRST FLOOR (ENT/EXIT ON MONTANA AVEN)			
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the s	ame premises now licensed;	
2. the licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open	n for business (If not explain	n below)	
SIGNED BY			
Individual, Pa	rtner or Authorized Corpora	ate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	g inspector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			